



05/24/00

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PTO/SB/50 (4/98)

Approved for use through 09/30/2000. OMB 0651-0033

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

**Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231**

Attorney Docket No.	7413-1004
First Named Inventor	Richard P. Welle
Original Patent Number	5,760,394
Original Patent Issue Date (Month/Day/Year)	06/02/98
Express Mail Label No.	EL 380511715 US

APPLICATION FOR REISSUE OF:

(check applicable box)



Utility Patent



Design Patent



Plant Patent

APPLICATION ELEMENTS

1. ☒ * Fee Transmittal Form (PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
2. ☒ Specification and Claims (amended, if appropriate)
3. ☐ Drawing(s) (proposed amendments, if appropriate)
4. ☒ Reissue Oath / Declaration (original or copy)
(37 C.F.R. § 1.175)(PTO/SB/51 or 52)
5. Original U.S. Patent
☒ Offer to Surrender Original Patent (37 C.F.R. § 1.178)
(PTO/SB/53 or PTO/SB/54)
or
☐ Ribbonded Original Patent Grant
☐ Affidavit / Declaration of Loss (PTO/SB/55)
6. Original U.S. Patent currently assigned?
☐ Yes ☒ No
(If Yes, check applicable box(es))
☐ Written Consent of all Assignees (PTO/SB/53 or 54)
☐ 37 C.F.R. § 3.73(b) Statement ☐ Power of Attorney

ACCOMPANYING APPLICATION PARTS

7. ☐ Foreign Priority Claim (35 U.S.C. 119)
(if applicable)
8. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
9. ☐ English Translation of Reissue Oath/Declaration
(if applicable)
10. ☐ * Small Entity Statement(s) ☒ Statement filed in prior application, Status still proper and desired (PTO/SB/09-12)
11. ☐ Preliminary Amendment
12. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
13. ☐ Other:

*** NOTE FOR ITEMS 1 & 10: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).**

14. CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Label

(Insert Customer No. or Attach bar code label here)

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Registration No. (Attorney/Agent)

30,069

Signature

Date

5/24/02

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PTO/SB/56 (12-97)

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REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)

7413-1004

Claims as Filed - Part 1

Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 24	Total Claims (37 CFR 1.16(j))	(B) 39	**** 15 =	x \$ 9 =	135	or	x \$ =
6	Independent Claims (37 CFR 1.16(i))	(D) 14	* 8 =	x \$ 39 =	312		x \$ =

Basic Fee (37 CFR 1.16(h)) \$ 345

Total Filing Fee \$ 792

OR

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	*	x \$ =		or	x \$ =
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ =			x \$ =

Total Additional Fee \$

OR

\$

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims

**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

☐ Please charge Deposit Account No. _____ in the amount of _____.
A duplicate copy of this sheet is enclosed.

☒ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 19-2500.
A duplicate copy of this sheet is enclosed.

☒ A check in the amount of \$ 792.00 to cover the filing / additional fee is enclosed.

May 24, 2000

Date

Jon E. Hokanson

Signature of Applicant, Attorney or Agent of Record

JON E. HOKANSON

Typed or printed name